Effective October 1, 2000 09924372													2	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN	тпү		OTHER	THAN	
TOTAL CLAIMS			18					RATE		FEE		RATE	FEE	İ
FOR			NUMBER FILED		NUMBER EXTRA		•	BASIC F	EΕ	355.00	OR	BASIC FEE	· 710.00	ĺ
TOTAL CHARGEABLE CLAIMS			/F_minus 20=		. 6			X\$ 9:			OR	X\$18=		
INDEPENDENT CLAIMS			2 _ minus 3 = '		.06			X40=	\dashv			X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		1				-		OR			
* If the difference in column 1 is less than zero, enter *0* in co							•	+135	-		OR	+270=		١.,
"			TOTA	L		OR	TOTAL	710.0	2					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							Y	SMAL	L E	NTITY	OR	OTHER SMALL		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	iest Ber Dusly	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.22	Minus .	2	3	= 1		X\$ 9-	,]		OR	X\$18=		
量	Independent	.3	Minus	***	3	-4	1	X40=			OR	X80=		
V	FINST PRESE	NTATION OF M	JLTIPLE DEF	ENDEN	CLAIM]	4.00	ᅦ					l
								+135			OR	+270= YOTAL		
1	10-12	(Column 1)						ADDIT. F			OR	ADDIT. FEE		
N B F B		CLAIMS REMAINING AFTER		HIGH NUM PREVI	mn 2) IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· 23	Minus	**	23	- Ø	1	X\$ 9=		/	OR	X\$18=	/55_/	
	Independent	. ~3	Minus	•••	3	= 0	1	X40=		-/		X80=	/	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]		┨	-/-	OR		/	
								+135			OR	+270=	-6-	
								ADDIT. F			OR	ADDIT. FEE		ł
		(Column 1)	grant Tools		mn 2) (EST	(Column 3)	۱ ۱			4881			4001	ł
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	BER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	•	Minus	840		=		X\$ 9=	=		OR	X\$18=		
NE NE	Independent	•	Minus	***		-	4	X40-			OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						L	.405	1			+270=		
If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.											OR	TOTAL		1
	If the "Highest Nu "If the "Highest Nu	rmber Previously P imber Previously P imber Previously Pa	ald For IN THI wid For IN TH	S SPACE IS SPACE	क्ष प्रदेश की वर्ग क्ष्मां को	in 20, enter "20 in 3. enter "3."		ADDIT. F	EΕ	propriate bo	OR x in α	ADDIT. FEE		1

Application or Docket Number